

Year 2011-12

Immunization Program PIP Implementation Guidelines (Part B & Part C)

General Guidelines

Routine Immunization (RI) is an important flagship program of the Government of India and Punjab. The funds to strengthen service delivery component in RI is provided under part C component of NRHM. Various heads under which the funds have been allocated to districts is attached for reference. This year Immunization component has also been supported additionally with funds for specific activities from Part B PIP component.

The allocation of funds to the districts is based on the geographic extent (big/ small district), number of sub divisional towns, number of block PHCs, number of PHCs & mini PHCs and number of sub centres. The districts should have complete data related to number of RI sessions planned in the district at the level of district HQ, Block PHC, Mini PHC and in Urban Slums / underserved areas).

The districts have to update Mamta Divas microplans every year to ensure that all sections of population especially vulnerable sections are reached and provided immunization through the Mamta Divas strategy. Based on the Mamta Divas strategy each sub center is expected to hold 4 sessions per month. *In addition to these 4 sessions, additional budgetary support is extended to the sub center to hold more than one additional session if required to reach the unreached population in a month or once in alternate months. The state is therefore providing a budgetary support based on the calculations @ of 4 RI sessions per sub centre per month + additional sessions planned by ANMs need based in their area + support to outreach sessions in underserved and slum areas.* The support will leave no excuse to improve coverage in the unreached/ marginalized/distant populations. The support will include mobilization by ASHA/Link workers and also for alternate vaccine delivery. Note that in view of the decline in birth rate and guidelines issued earlier from this office that no RI session should be held every

month for population less than 700- 800 (for populations under 700-800 session to be held once in alternate months).

Since alternate vaccine delivery (AVD) funds for ASHA/ AWW / or any other reliable person identified by the block are to be paid for the session sites which are more than 2 km away from the nearest vaccine store, calculations for the number of sessions for payment of alternate vaccine delivery funds has been estimated at an average of 4 RI sessions per sub centre per month + additional sessions planned by ANMs in their area+ support to outreach sessions in underserved and slum areas. Outreach sessions are all those sessions in which the vaccine is to be delivered from last vaccine storage point to the session site.

Based on the micro plans the districts/block have to undertake an exercise at their level to rationalize distribution of funds based on the number of sessions actually planned in each sub center.

Norms at which funds have been provided to the districts is more than norm of 4 sessions per sub center. The additional funds have been provided to districts for additional sessions that are planned to cover the marginalized/ unreached populations in sub center areas and the funding support also includes support to the underserved and slum area outreach sessions. Irrational fund distribution will lead to unspent (non utilization) of funds at various levels.

Sub component wise guidelines for Part C funds.

Refer to attached budget sheet

1. Mobility support for supervision (Budget sheet- column 1)

Mobility budget for the entire year is provided to the districts for undertaking monitoring and supervision of Routine immunization program in the district by the District Immunization Officer, urban nodal officer incharge of RI, DFPO and/or other district level officers including NRHM officials such as M&EO, DPM.

- a) Mobility support is applicable to POL or vehicle hiring only. The funds should not be used for any kind of repair of the vehicle attached to DIO or any other officer in the district.

- b) The mobility support is provided only for the district level officers. DAO should note that the mobility support can be extended for hiring of vehicle as per NRHM norms or in case the district officer is using his own personal vehicle then the funds for the fuel (POL) used for the assignment will be reimbursed to him as per NRHM norms (Rs 8 per km for class I & II officers and for others it is Rs 5 per km). The DAO to ensure proper receipting and documentation.
- c) The funds for monitoring and supervision for SMO has been provided under various ongoing national programs under NRHM therefore funds for Routine Immunization supervision & monitoring to be used from the monitoring and evaluation heads already available under NRHM as per norms.
- d) Distribution norm: For calculation purposes the mobility support (funds) allocated to the districts has been done @ Rs 700 per block level PHC per month.
- e) District / Block level supervision & monitoring target: Use standardized monitoring formats as attached. (annex 1 (PHC Level), Annex 2 (Session site) & Annex 3 (house to house forms))

District level officers:

- DIO participation in Block PHC ANM meetings based on prioritization.
- DIO / DFWO / Urban Nodal Officer / others have to monitor at least 3 block PHCs. In these 3 block PHCs supervise / monitor at least 6 routine immunization session sites on immunization days and also visit 6 villages / areas and do house to house monitoring (at least 5 houses) to check the level of service delivery. [So total monitoring per district level officials per month includes visits to at least 3 block PHCs + 6 RI session sites +30 children under 2 years in 6 villages ie 5 children per village)]
- DIO's office will be responsible for collection of the monitoring forms (annex 1 (PHC Level), Annex 2 (Session site)& Annex 3 (house to house forms) from other district level officials including his/her own forms and forward them before 10th of

every month to State EPI officer. Before forwarding the forms the Computer Assistant to DIO will enter the format findings in the computer and will also forward the soft copy to the State EPI Officer

- Note: (1) State Immunization cell task force is expected to review the status of field visits (tours) by district/block level officials. (2) Randomly cross verify the findings submitted in the forms by the district level officials. (3) The feedback will be shared with DIO / Civil Surgeon/ State EPI Officer. Feedback will subsequently be shared at appropriate platforms like Civil Surgeon Conference etc.
- Districts failing to achieve desired monitoring tours will be expected to explain the reasons in the review meetings including periodic state task force meetings.

Block level officers:

- RI monitoring is to be done by the SMO / Medical Officers assigned official by SMO. The routine supervision of ANMs in the field will however continue as before by other supervisory staff like by LHV, MPHWS and others.
- Block level monitors (MOs includes SMO/SMO assigned nodal officers) have to monitor at least 4 vaccine storage points per month functioning in the PHC / Mini PHC and make an observation report. The cold chain monitoring format refer annex 8 can be used for the same. These MOs could also be trained AYUSH doctors They also have to monitor at least 4 to 5 outreach routine immunization session sites per month on immunization days and also visit 4 to 5 villages / areas per month and do house to house monitoring (at least 5 children under 2 years in each village/area visited per month) to check the level of service delivery.
- SMO office per month will forward at least 4 vaccine storage point observation, completed 4 to 5 session site level monitoring forms and 4 to 5 house to house level forms of block level officers before 10th of every month to DIO / Civil Surgeon. The Computer Assistant to DIO will enter the format findings in the computer and forward only the soft copy to State EPI officer. [So total monitoring per SMO & SMO assigned officials including AYUSH doctors per month includes

visits to 3-4 visits to vaccine storage points + 4 to 5 RI session sites + 4 to 5 villages (Undertake random community monitoring of at least 5 house with a under 2 year old child in each of these 5 houses in the village/area. In all there will be at least information of 20 children per month].

- Note: (1) DIO/Civil surgeon is expected to review the status of field visits (tours) by block level officials. (2) Randomly cross verify the findings submitted in the forms by the block level officials. (3) The feedback should be shared with CS/Concerned SMO. Feedback should subsequently be shared at appropriate platforms like SMO/MO/State DIO review meetings etc. DIO computer assistant must be able to analyze the collated data for action.

Indicator for fund utilization:

- ***Complete set of RI supervision & monitoring forms duly filled by DIO/other district officials including Nodal Officer Incharge of urban RI and by NRHM officials received at State EPI HQ. Note: Information will only be accepted in the attached annexure 1, 2 &3. CA to make the soft copy of information in tool provided and send it monthly to state EPI officer.***
- ***Number of RI monitoring forms submitted by SMOs to CS/DIO. Per month status block wise needs to be updated by CA to DIO and share a soft copy with the block SMOs, CS, DIO & State EPI officer.***
- ***Number of ANM meetings for RI attended by district level officials especially DIO in priority blocks.***

2. Cold chain maintenance funds (Budget sheet- column 2)

- a) All districts have been allocated funds for cold chain maintenance for District Level, PHC/ mini PHC, CH,SDH, other government health facility (ie for all vaccine storage points in the district)
- b) Under this head, flexibility has been provided to the district to use the allocated funds for cold chain maintenance and the same may be utilized as per necessary requirement for

district HQ, urban cold chain or at block level including the peripheral institutions. In other words for all vaccine storage points in the district.

- c) The TA to ref mechanic (govt & contractual) is uniform as per NRHM norms ie @ Rs 5per km as per framed guidelines. This is to be claimed from Part B additionality funds approved for immunization. Each visit to the vaccine storage points at HQ/ blocks for maintenance/service/ repair/ periodic routine checkup of the cold chain equipment needs to be supported with monthly report (annexure 9A & 9B). This report is to be submitted to CS/DIO with a copy to State cold chain officer on monthly basis before 10th of every month.
- d) Through Part C cold chain maintenance head, regular govt ref mechanics can claim their DA as per state rules from this head. The NRHM staff will however continue to claim their respective DA from NRHM.

Indicator for Cold chain maintenance fund utilization

- ***Sickness rate, Break down time, response time of cold chain equipment in district***
- ***Number of visits made by refrigerator mechanic in the district.***
- ***Availability of ref mechanic visit wise record in the cold chain log book provided at each vaccine storage point.***
- ***No of units (equipment) etc repaired at different levels.***
- ***Submission of monthly cold chain supervision report (9A & 9B) by the district ref mechanic to the DIO and thereafter submission of these reports after review to the State cold chain officer.***

3. Mobilization of Children through ASHA/ AWW etc. (Budget sheet- column 3)

- a) Funds @Rs 150/- per session for mobilization of PW and targeted children for immunization as per the micro-plan are to be paid preferably to ASHA. In case ASHA is not available or appointed, funds may be paid to AWW or any other link person identified by the ANM for the mobilization. In case, more than one ASHA/ AWW is mobilizing children at a session site, Rs 150/- need to be divided equally.

- a) The funding support for mobilization is @ Rs 150 per session. **The state is providing a budgetary support based on the calculations @ of 4 RI sessions per sub centre per month + additional sessions planned by ANMs need based in their area + support to outreach sessions in underserved and slum areas.** The support will leave no excuse to improve coverage in the unreached/ marginalized/distant populations.
- b) A complete updated microplan should show any additional sessions planned in the PHC/CHC/SDH/Urban area. This mobilization of beneficiaries support is also extended to underserved / slum areas in urban/periurban areas.
- c) Mobilization of beneficiaries to the session site needs planning and follow ups. **Tracking bag use by ANM is mandatory in rural areas.** In urban areas it can be used in outreach sessions. At the end of every RI session, the ANMs with support of ASHA & AWW has to make a due list of beneficiaries which subsequently is to be followed up by the mobilizer (ASHA/ AWW etc) to reach the left outs and reduce the drop outs in the assigned village/ area. The mobilizer (ASHA/Link Worker/AWW) has to mobilize children from nearby villages/underserved areas falling under that particular immunization session site as per the Micro-plan.
- d) Mobilization efforts are expected to decrease left out and drop outs in each sub center. In monthly ANMs meeting this data needs to be reviewed on monthly basis by the SMO office in the block.

Indicator for mobilization fund utilization

- ***Use of tracking bag by ANM, vaccine distribution cum coverage register, availability of due beneficiary list with ASHA/Link worker***
- ***Total number of RI sessions held with mobilizer support.***
- ***% monitored sessions with availability of mobilizers.***
- ***Sub center wise % FI status with decrease in Left out and drop outs.***

4. Alternate vaccine delivery (AVD) funds (Budget sheet- column 4)

- a) The objective of alternate vaccine delivery (AVD) is to support our ANM/health workers in timely delivery of vaccines and related logistics directly to session site from nearest vaccine storage point through someone (reliable person identified by ANM or by PHC/CHC) other than the ANM. The purpose is to ensure that the vaccines on immunization day reach the session site on time and that the ANM reaches the session site directly without having to travel long distances to first pick up the vaccine carrier with vaccines from the vaccine storage point, then reach the session site and finally at the end of the immunization session return back to vaccine storage point to return the vaccine carrier along with unused vaccine/diluent (if any) and the immunization coverage report (tally sheet) of the day.
- b) AVD mechanism is aimed to transport vaccine/diluents in vaccine carrier in good cold chain from the nearest vaccine storage point to the immunization site on the same day as per micro-plan and this includes return of unused vaccine/diluents (if any) back to the vaccine storage point in vaccine carrier at the end of the immunization session on the same day. This mechanism will also ensure that the RI session coverage report (tally sheet) from the ANM is collected and submitted alongwith the vaccine carrier to the concerned staff.

Distribution norm: Since alternate vaccine delivery (AVD) funds for ASHA/ AWW / or any other reliable person identified by the block are to be paid for the session sites which are more than 2 km away from the nearest vaccine store, calculations for the number of sessions for payment of alternate vaccine delivery funds has been allocated at an average of 4 RI sessions per sub centre per month + additional sessions planned by ANMs in their area+ support to outreach sessions in underserved and slum areas. (AVD) support has provided @ Rs 50 per outreach immunization session.

- c) The funds for AVD can be given to reliable person identified by ANM or by MO posted at vaccine storage point/PHC/CHC (person identified could also be an ASHA /AWW; this however should only be done in case when there is no other alternative). The MO/ supporting staff posted at the respective vaccine storage points will be responsible for effective implementation of the alternate vaccine delivery in the assigned areas)

d) AVD support can be extended to all session sites more than 2 km or need based. Based on the need and requirement reliable person identified by ANM or by MO posted at vaccine storage point/PHC/CHC should be given responsibility to deliver the vaccines / diluents in vaccine carrier and other logistics for one or more than one RI session on the immunization day and this includes return of unused vaccine/diluents (if any) back to the vaccine storage point in vaccine carrier at the end of the immunization session on the same day. This support is also to be extended to outreach sessions planned in underserved / slum areas.

1. Although the norms for AVD are calculated @ Rs 50 per session site but then the Medical Officer Incharge has the flexibility to fix the amount based on the geographical terrain, distance from vaccine storage point, number of points that the person is delivering etc. Note: Overall budget for the district will not change. District/ Block have the flexibility to rationalize the same based on local conditions.

2. All the above information needs to be projected in AVD Micro-plan. This Micro-plan should include information like

- The Day & Site of RI sessions for which AVD is supported
- Distance from vaccine storage point to the session site
- Person responsible for AVD with name / contact details (cell number)
- Total no of sessions for which the reliable person identified by ANM or by MO posted at vaccine storage point//PHC/CHC is assigned to do AVD on a given RI day
- Vehicle /means of transport by which the AVD will be done eg cycle, motorcycle, jeep, car, three wheeler, other (specify)

5. Salary support of Computer Assistant for DIO (Budget sheet- column 5)

a) Funds for salary of Computer Assistant for DIO under the routine immunization program will be revised subject to notification by NRHM. Till receipt of any such notification the districts need to adhere to the existing funding norms provided to the Computer Assistants for DIO in RI under NRHM. Annual performance appraisal of the

existing computer assistants assigned under RI has to be undertaken by the DIO. The same has to be done using state approved appraisal format. Extension of contract will be based on the recommendations of the DIO /CS. DIO should timely send the filled in appraisal format to CS/State EPI Officer.

- b) Broad Job responsibilities of computer assistants (CA) under RI: CA Reports to the DIO/CS. Should be able to handle computer related assignments. Responsibilities include- Timely collation, compilation and submission of RI reports duly signed by the concerned officers from district to the CS/DIO and State EPI officer. The computer assistant will coordinate and facilitate in close coordination with other staff like statistical officer, M & E and other as guided by DIO to generate RI related reports such as data entry of revised RI Monitoring forms received at District and sub district level, updating and forwarding financial expenditure reports, immunization Coverage reports, review available HMIS reports, Polio campaign reports, cold chain sickness report, ref mechanic observation report , DIO feedback to block / urban and any other assignments as desired by DIO/CS.

Indicator for computer assistant fund utilization

- ***Copy of annual performance appraisals submitted to the state EPI officer.***
- ***Completion of assignments based on job responsibilities mentioned above.***
- ***Effective data entry of revised monitoring strategy (3 level) data and also cold chain monitoring reports of the ref mechanic***

6. Quarterly RI Review and feedback meeting at district level (Budget sheet- column 6)

- a) Four quarterly review meetings exclusively for review of immunization program are to be held at the district level with participation of one block SMO each, CDPO, and other stake holders.
- b) DIO will be responsible for agenda preparation, facilitation and conducting of these meetings under the chairpersonship of the CS.

- c) Budget support provided to district has been calculated @ Rs 100 per person for 20 persons (i.e. Rs 2000) per quarter review meeting. In case number of participants: increases, expenditure needs to be adjusted per head accordingly, however the number of participants should not be less than 15.
- d) This meeting should not just be held as a formality, but aim to, review and share necessary RI related technical and administrative updates with the invited participants.
- e) The 4-5 hour meeting review agenda should ideally be able to address topics mentioned below. The districts are encouraged to use audio visual means (power point presentations) for such reviews. DPM/DAO/ CA to DIO to support DIO in preparation and review. DAO/DPM to present on fund utilization component wise.
- Immunization coverage (including left outs and drop outs)
 - Ongoing initiatives in the blocks like status of session wise (tally sheet) reporting
 - Use of tracking bag, Due list preparation and follow up to track all beneficiaries
 - Status of mobilizer support
 - Status of cold chain and alternate vaccine delivery mechanism
 - Block wise quantitative and qualitative feedback regarding monitoring of RI sessions/ community monitoring (by each SMO/ other district level officers including DIO)
 - Use of Vaccine distribution and coverage register.
 - Measles 2nd dose (dropout rates)
 - Share monitoring/ tour feedback of visits undertaken by the district level officers in the block, share feedback on action taken report
 - Review the status of fund utilization by each block and urban area
 - Share AFP surveillance , SIA feedback, issues and provide necessary instructions
 - Any other topic as desired by DIO/CS.

Indicator for district Quarterly RI Review fund utilization

- *Total number of quarter review meetings conducted in the district. This information should be timely shared with CS/State EPI officer to measure progress in this component.*
- *Agenda, proceeding reports (minutes) and attendance record of all such meetings to be timely submitted to the CS and State EPI officer.*

7. Quarterly RI Review meetings at the block level (Budget sheet- column 7)

- a) SMOs has to ensure that Four quarterly review meetings with ASHAs and others (estimated number of ASHAs per meeting: 50 and other participants: 30, totaling 80) are to be held exclusively for RI review at every block PHCs level i.e. 4 meetings in the year.
- b) A sum of Rs 50/- as honorarium including traveling allowance is to be paid to each ASHA attending the meeting to a maximum of 50 ASHAs per meeting totaling Rs 2,500/- per meeting.
- c) An amount of Rs 25/- per person per meeting is to be spent on meeting expenses which include refreshment, stationary and miscellaneous expenditure. Up to a total of Rs 4,500/- is to be spent per quarterly for these 4 RI review meeting planned at the block level PHC.

Indicator for quarterly review meeting fund utilization

- *Total number of quarter RI review meetings conducted in the blocks. Planned against held.*
- *Agenda, proceeding reports (minutes) and attendance record of all 4 meetings to be timely submitted to the DIO/CS.*
- *Monthly blockwise reporting/update from district to state regarding number of meetings held upto that month.*

8. Micro-planning at the sub centre, PHC/ CHC and district level (Budget sheet-column 8)

A good quality (updated) RI micro-plan is the key to success of immunization program in the given setting. Although the microplanning process is an ongoing process however a comprehensive review and updating is to be done every year.

- The DIO of each district will be responsible to ensure that the district has updated / revised micro-plan. Hard and soft copy of the entire district RI micro-plan needs to be forwarded after review completion to the State EPI Officer. A copy of the block wise micro-plan (hard and soft) should at any time be available in the office of Civil Surgeon, DIO, District Cold Chain incharge and other RI monitoring officers including DPM and M & E Manager.
 - Similarly, a copy of the sub centre wise RI micro-plan should be available in the office of SMO, Immunization incharge block PHC, cold chain incharge and other officials.
 - It is mandatory to provide the updated sheet of local computerized microplan (hard copy) to LHV and ANMs of assigned sub centre.
 - Funds are provided to support in developing/ updating of existing RI micro-plans thereby aiming to improve the immunization coverage in the community. The support is meant to cover all the three levels i.e. sub centre, PHC/ CHC and district level.
 - The micro-planning exercise will be based on sub centre level data and at the PHC/ CHC and district level, the data will be compiled with inclusion of left over areas out of boundaries of sub centre.
- a) **Support for Sub center (*Budget sheet- column 8a*)**
- A sum of Rs 100/- per sub centre is provided to support microplanning efforts at the level of every sub center. The available fund is to be spent on logistic support and meeting of ANM with ASHA/ AWW and members of PRIs if needed. The microplanning should include detailed information on alternate vaccine delivery.
- b) **Support for Block PHC level (*Budget sheet- column 8b*)**
- c) Up to Rs 1000/- is to be spent at each block PHC/ CHC level for compilation of microplanning and other related information. This will include expenditure on any such meeting and logistic support. The microplanning should include detailed information on alternate vaccine delivery.
- d) **Support for District level (*Budget sheet- column 8c*)**
- Upto Rs 2000/- is to be spent at each district level for compilation of PHC data and inclusion of left over areas including micro-planning of slum areas since ANMs have

been provided exclusively for the slum areas also. This budget includes preparation of urban area microplanning. The expenditure will include funds for necessary logistic support and computerization. The district will ensure compilation of the total urban & district micro-plan and forward it to the state EPI branch both in soft as well as hard copy. ***The updated microplans have to be posted on the department's website.***

Indicator for microplan fund utilization

- ***Complete Block & urban area updated microplans available at all levels.***
- ***Total number of updated district Micro-plans submitted to the state EPI branch. (Updated District level microplanning should include updated block wise microplanning)***

9. POL for vaccine delivery (Budget sheet- column 9)

a) POL for vaccine delivery at the district level (Budget sheet- column 9a)

- For vaccine delivery a Sum of Rs 24000/- annually has been provided to all the 10 bigger districts and a sum of Rs 14000/- annually has been provided to all the rest of 10 districts each for expenditure on POL for vaccine delivery.
- Funds will be utilized for bringing vaccines/ useable under the RI program from state HQ to district or regional store.

Indicator for fund utilization

- ***Entries available in vehicle log book***
- ***Random verification of log book by senior officers.***

b) POL for vaccine delivery at the block PHC level (Budget sheet- column 9b)

- For vaccine delivery at the block PHC level a sum of Rs 12034/- annually per block PHC has been provided to all the 118 block level PHCs for expenditure on POL for vaccine delivery.
- Funds will be utilized for distributing vaccines/ usable under the RI program from the block to the peripheral cold chain stores throughout the year.

Indicator for fund utilization

- ***Entries available in vehicle log book***
- ***Random verification of log book by senior officers.***

10. Support for Consumables for computer (Budget sheet- column 10)

A sum of Rs 400/- per district per month to DIO is allocated for support of consumables for Immunization branch computer.

11. Funds for purchase of Hub cutter, bleaching powder/ hypochlorite solution and Twin bucket (Budget sheet- column 11)

- a) A sum of Rs 900/- per block PHC per year has been provided for purchase of hub cutter/bleaching powder/ hypochlorite solution and twin bucket for management of waste disposal as per CPCB guidelines. Each PHC has to review the status of hub cutters available with the ANMs. Only the critical requirement of non functional hub cutters can be purchased using this amount. All the 3 items (hub cutter/bleaching powder/ hypochlorite solution and twin bucket) need to be purchased using this (per PHC Rs 900) budget. The DIOs to ensure injection safety and waste disposal as per guidelines. District has to ensure of use of hub cutters, bleaching powder/ hypochlorite solution/ twin plastic/ PVC buckets (capacity more than 20litres) for management of waste disposal at the PHC level (for management of the PHC area).

Indicator for fund utilization

- ***No of blocks using bleaching powder/ hypochlorite solution in the district.***
- ***No of hub cutters purchased (if required) with this budget***

12. Alternate Vaccinator funds for Underserved/ Slum areas (Budget sheet- column 12)

Budget provided and disbursed as per district requirement sent to state earlier for urban immunization strengthening. Detailed instructions/modalities regarding the hiring of alternate vaccinators (additional ANMs) the same will be forwarded shortly by NRHM.

Fund indicator

- ***No of sessions planned with Alternate vaccinator (hired ANM)***
- ***No of sessions conducted with Alternate vaccinator (hired ANM)***
- ***No of children antigen wise immunized through this alternate vaccinator mechanism (Each district has to submit monthly progress report similar to HMIS report specific to Urban immunization (slum/underserved areas)***

13. **Health Worker (HW) 2 day training:** 2 day HW training is to be provided in all the districts in a batch size of 30 per batch. Training will be provided by trained officials. The training will be done using HW handbook (Punjabi version).The handbooks will be provided by the state.

Health workers to be included for the training are –

ANMs, LHVs, HA(M), HW(M), staff nurses at all levels that are involved in providing immunization services, alternate vaccinators, pharmacists, cold chain handlers, District level immunization data handlers at least 3 (includes Computer assistant under immunization, district statistical assistant, any govt staff member involved in immunization data collection), Block Level data handlers will include four per block - BEE, Information Assistant, Block Statistical Assistant (NRHM) & EPI dealing Computer). Data handler from urban planning unit- includes one data handler per urban planning unit.

The batches provided to each district based on the information of HW provided by respective districts are as below. The districts have to complete the allotted batches before Feb 2012.

Guest lectures by any state official in the training will be supported by the state @ Rs500 per day. The approved funds for the same are available at state level.

HW Training norms

Item	Budget in Rs per batch (30 persons per batch)
Honorarium to HW (includes TA/DA) @ Rs 250 per day (Rs 500 for 2 days)	15000
Honorarium to 4 trainers per batch @ Rs 300 per day per trainer per day for two days	2400
Contingency @ Rs 200 per participant per day for 2 days includes Working lunch, tea & snacks etc	12000
Institutional Head budget provided for HW training to the district	2940
Total budget per batch	32340

Fund utilization indicator

- *Pre test / post test of trainees (record should be available at district HQs)*
- *Group Photo (batch wise)*

Send the following monthly report to State by 10th of every month

- *No of HW batches planned & conducted*
- *No of HW trainees trained*
- *Batch wise HW Attendance records (soft copy)*

14. **Medical Officer (MO) 3 day training:** 3 day MO training is to be provided in all the districts in a batch size of 20 per batch. Training will be provided by trained officials. The training will be done using immunization handbook for MO. The handbooks will be supported in kind by GoI to the state.

MOs to be included for the training are all Zila Parishad Medical Officers, Ayurvedic MOs and recently inducted PCMS MOs not trained before & any left out MOs not trained in immunization. Additional load (if any) for this training will be taken up in 2012-13 following PIP approval. Funding norms are mentioned in table below. Guest lectures by any state official in the training will be supported by the state @ Rs500 per day. The approved funds

for the same are available at state level. ***The districts need to immediately forward the training calendar to the state.*** The trainings need to be completed before November 2011.

S No	District	No of batches
1	Amritsar	09
2	Barnala	02
3	Bathinda	05
4	Faridkot	02
5	Fatehgarh S.	02
6	Ferozepur	07
7	Gurdaspur	08
8	Hoshiarpur	06
9	Jalandhar	07
10	Kapurthala	03

S No	District	No of batches
11	Ludhiana	11
12	Mansa	03
13	Moga	03
14	Mohali	03
15	Muktsar	03
16	SBS Nagar	02
17	Patiala	06
18	Ropar	02
19	Sangrur	06
20	Tarn Taran	04

MO Training norms

Item	Budget in Rs per batch (20 persons per batch)
Honorarium to MOs @ Rs 300 per day (Rs 900 for 3 days)	18000
Honorarium to 4 trainers per batch @ Rs 300 per day per trainer per day for three days (Total Rs 900)	3600
Contingency @ Rs 250 per participant per day for 3 days includes Working lunch, tea & snacks etc (Rs 750 for 3 days)	15000
Institutional Head budget expenditure	2400
Total budget per batch	39000

Fund utilization indicator

- ***Pre test / post test of trainees (record should be available at district HQs)***
- ***Group Photo (batch wise)***

Send the following monthly report to State by 10th of every month

- ***No of MOs batches planned & conducted***
- ***No of MO trainees trained***

- **Batch wise MO Attendance records (soft copy)**

15. Cold Chain & Vaccine handler Training (2 day training):

The basic concept of the training is to train the field level cold chain handling teams. This training will provide impetus in creating quality cold chain handling personnel at each vaccine storage points so that the high quality vaccines are administered safely to each beneficiary in the state. This training will also go a long way in minimizing AEFI (adverse events) in the state. Persons to be trained (4 persons per vaccine storage point)

1. **MO (could be an AYUSH doctor)**
2. **Pharmacist**
3. **One Existing cold chain handler (ANM/LHV/ HS/ MPW M) and**
4. **One additional LHV/ANM/ MPW (M) - This person will support the cold chain handling in case the existing staffs needs assistance and/ or when any staff gets promoted, retired, posted out.**

Funding support:

1. Each batch size not to exceed 30 participants per batch.
2. Each batch (2 days) will be supported with Rs 10,000 (Rs 8500 for trainees support + Rs 1500 for support of 3 trainer's honorarium).
3. The 3 district level master trainers to be supported with honorarium Rs 250 per day (or Rs 500 per trainer per batch) So for 3 trainers, a total of Rs 1500 per batch is being provided.
4. The funds for the trainees- Rs 8500 include working lunch/ training material etc for both the days ie 2 days.
5. The participants (trainees) will claim TA/DA as per government rules from their respective headquarters. If any participant is from NRHM then the NRHM norms for the same will apply.
6. The plan is to impart the cold chain trainings to the designated teams by end of Oct 2011. At the end of each month the district will provide the State NRHM Finance wing and PO (Imm) regarding fund utilization as well as personnel trained related to this activity. Training progress/ findings will be shared in CS & DIO review meetings.
7. Monitoring of trainings will be done by State officials and NPSP.
8. **The districts need to immediately forward the training calendar to the state.**

Fund utilization indicator

- **Pre test / post test of trainees (record should be available at district HQs)**
- **Group Photo (batch wise)**

Send the following monthly report to State by 10th of every month

- *No of Vaccine & Cold chain handlers batches planned & conducted*
- *No of Vaccine & Cold chain handlers trainees trained*
- *Batch wise MO Attendance records (soft copy)*

Cold chain handlers Training

S No	District	No of batches	S No	District	No of batches
1	Amritsar	05	11	Ludhiana	07
2	Barnala	02	12	Mansa	03
3	Bathinda	06	13	Moga	03
4	Faridkot	04	14	Mohali	04
5	Fatehgarh S.	03	15	Muktsar	03
6	Ferozepur	06	16	SBS Nagar	04
7	Gurdaspur	09	17	Patiala	07
8	Hoshiarpur	07	18	Ropar	04
9	Jalandhar	09	19	Sangrur	06
10	Kapurthala	04	20	Tarn Taran	04

Sub component wise guidelines for Part B funds.

Refer to attached budget sheet

1. Salary of 8 contractual Ref Mechanics:

The salary of the ref mechanics recruited under NRHM will be paid by district NRHM from Part B funds. The amount @ Rs 8000/- per month is approved in Part B.

Fund utilization indicator for salary of ref mechanic

- Timely disbursement of salary to the ref mechanics recruited under NRHM

2. Mobility of all Ref mech posted in the state:

The budgetary support for mobility of all the ref mechanics (regular & contractual) will be paid & booked by district NRHM under Part B funds (Immunization). District is supported with a max of Rs 2500 per month (Rs 30,000/- per year) is marked for the activity.

The financial guidelines sent in 2010-11 in this regard remain unchanged. The only change is that the funds this year will be booked under Part B funds and not from cold

chain maintenance funds under Part C as done in 2010-2011. All ref mechanics will record and report as per existing guidelines. Every ref mechanic also has to mention the activity undertaken/ maintained in the separate log book at every vaccine storage point.

Fund utilization indicator

- a) District - Sickness rate of equipment (Gol ideal less than 2% , state targets less than 1%), break down rate and response rate (State target within 48 hours)
- b) Timely receipt of monthly cold chain progress reports (form 9A, 9B) from district. The forms will show whether the funds received by the ref mechanic in the month and upto the month.
- c) Timely disbursement of mobility funds by DAO to ref mechanics. Delay in disbursement will require an explanation in review meetings.

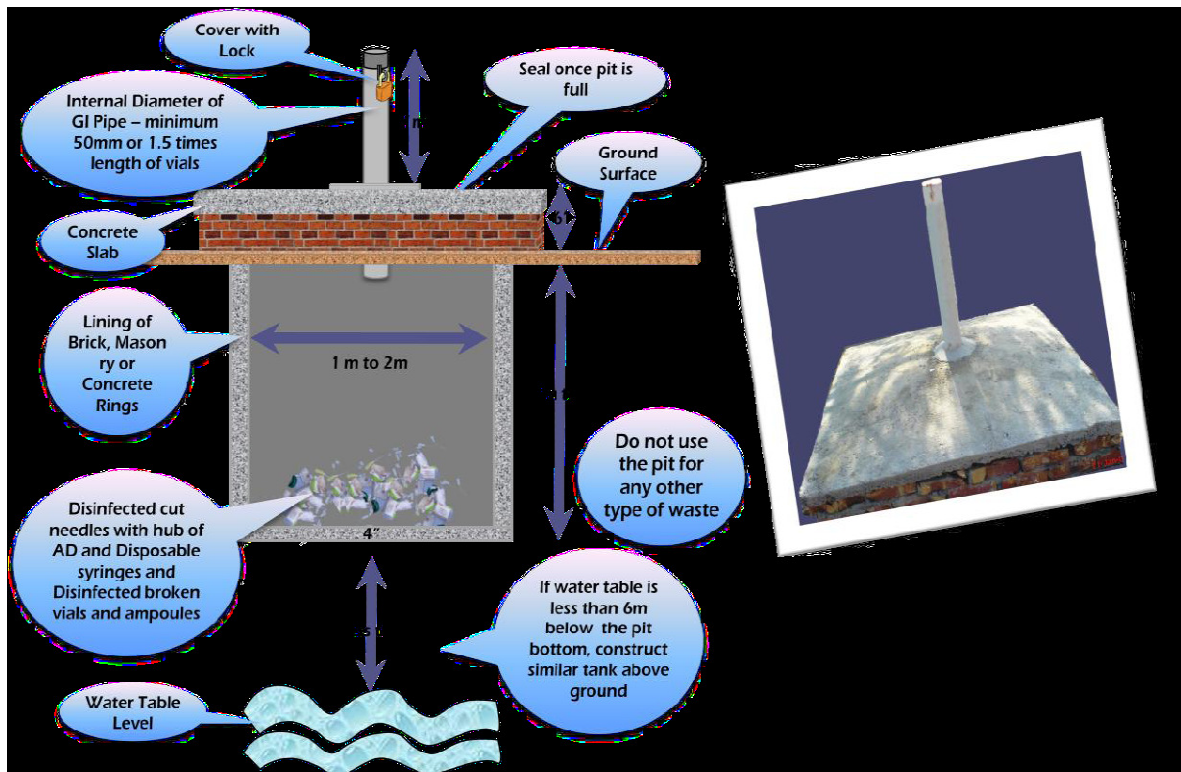
3. Waste disposal pits

- Central Pollution Control Board (CPCB) guidelines - One waste disposal pit for Sharps (immunization waste) should be there at the level of PHC.
- The requirement is specific to block PHCs as the CHCs/SDH/DH already have biomedical waste management system in place.
- Each of the 118 block PHCs need to construct the waste disposal pit. Funds support for the construction of the pit is @ Rs 6500 per pit.
- The funds for pit construction are to be booked from Part B funds (immunization component).

As per Gol MO handbook on immunization APPENDIX: 5.1

DESIGN OF THE PIT/TANK FOR DISPOSAL OF TREATED NEEDLES AND BROKEN VIALS (SHARPS)

The treated needles/broken vials should be disposed in a circular or rectangular pit as shown below. Such a rectangular or circular pit can be dug and lined with brick, masonry or concrete rings. The pit should be covered with a heavy concrete slab, which is penetrated by a galvanized steel pipe projecting for about 1 meter above the slab, with an internal diameter of up to 50 millimeters or 1.5 times the length of vials, whichever is more. The top opening of the steel pipe shall have a provision of locking after the treated waste sharps has been disposed in. When the pit is full it can be sealed completely, after another has been prepared. For high water table regions where water table is less than 6 meters beneath bottom of the pit, a tank with above mentioned arrangements shall be made above the ground.



Fund utilization Indicator for waste disposal pits

1. Photograph of the pit (soft and hard copy). Availability of certificates of completion of construction with DIO. Certificate to be provided by respective block SMO to CS/DIO regarding completion of construction of pit.
2. DIO to appraise the status regarding the same to the state immunization branch on monthly basis till completion of construction in all block PHCs. Pictures of the waste disposal pit (Soft copy) with names of block PHC to be forwarded to ripunjab@gmail.com for official records.